

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6282

2. Fiscal Year Covered From:

01 / 01 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.

Name PATRICK LO PRESTI

4. Name, file number, and address of labor organization.

Name ALA LOCAL ONE

Labor Organization File Number 035-319

P.O. Box, Bldg., Room No., if any

P.O. Box, Building and Room Number, if any

Street 80 HUNTER DRIVE

Street 113 UNIVERSITY PLACE

City SYOSSET

City NEW YORK

State NEW YORK ZIP Code + 4 11791

State NEW YORK ZIP Code + 4 10003

5. Position in labor organization. PRESIDENT - ALA LOCAL ONE

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

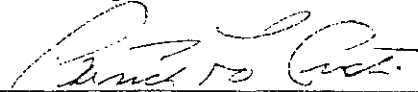
7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

03/23/06

Date

(212) 460-0800

Telephone Number

Name of Person Filing

PATRICK LO PRESTI

File Number U- 6282

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name AMALGAMATED BANK OF NEW YORK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 11-15 UNION SQUARE WEST

City NEW YORK

State NEW YORK ZIP Code + 4 10003

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

CUSTODIAL BANK / INVESTMENT
MANAGER SERVICES

11.b. Approximate dollar value of such dealing.

\$ 8500.00

12.a. Nature of interest held or income received.

HOLIDAY GIFT - DECEMBER 2005

12.b. Amount.

\$ 336.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

PATRICK LOPRESTI

File Number U-

6282

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (Including trade name, if any).

Name INTER LOCAL PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 455 KENOE BLVD - SUITE 100

City CAROL STREAM

State ILLINOIS ZIP Code + 4 60168

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name INTER LOCAL PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 455 KENOE BLVD - SUITE 100

City CAROL STREAM

State ILLINOIS ZIP Code + 4 60168

11.a. Nature of such dealing.

PENSION FUND

11.b. Approximate dollar value of such dealing.

\$6229.00

12.a. Nature of interest held or income received.

BOARD OF TRUSTEES meeting
2/15 - 2/16/05

12.b. Amount.

\$633.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing	PATRICK LOPRESTI	File Number U-	6282
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: <u>INTER LOCAL PENSION FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: <u>455 KENHUE BLVD - SUITE 100</u></p> <p>City: <u>CAROL STREAM</u></p> <p>State: <u>ILLINOIS</u> ZIP Code + 4: <u>60168</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: <u>INTER LOCAL PENSION FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: <u>455 KENHUE BLVD - SUITE 100</u></p> <p>City: <u>CAROL STREAM</u></p> <p>State: <u>ILLINOIS</u> ZIP Code + 4: <u>60168</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>PENSION FUND</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$ 6229.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>BOARD OF TRUSTEES meeting</u> <u>3/6-3/7/05</u></p> <p>12.b. Amount. <u>463.00</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing	PATRICK LOPRESTI	File Number U-	6282
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: <u>INTER LOCAL PENSION FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: <u>455 KEHOE BLVD - SUITE 100</u></p> <p>City: <u>CARL STREAM</u></p> <p>State: <u>ILLINOIS</u> ZIP Code + 4: <u>60168</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: <u>INTER LOCAL PENSION FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: <u>455 KEHOE BLVD - SUITE 100</u></p> <p>City: <u>CARL STREAM</u></p> <p>State: <u>ILLINOIS</u> ZIP Code + 4: <u>60168</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>PENSION FUND</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$ 6282.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>BOARD OF TRUSTEES meeting</u> <u>4/25 - 4/28/05</u></p> <p>12.b. Amount. <u>\$ 1138.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing

PATRICK LO PERRI

File Number U-

6282

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: INTER LOCAL PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street: 455 KENNE BLVD - SUITE 100

City: CAROL STREAM

State: ILLINOIS ZIP Code + 4: 60168

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: INTER LOCAL PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street: 455 KENNE BLVD - SUITE 100

City: CAROL STREAM

State: ILLINOIS ZIP Code + 4: 60168

11.a. Nature of such dealing.

PENSION FUND

11.b. Approximate dollar value of such dealing.

\$ 6229.00

12.a. Nature of interest held or income received.

BOARD OF TRUSTEES meeting
7/26-7/29/05

12.b. Amount.

\$ 1553.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

PATRICK Lo PRESTI

File Number U- 6282

8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name INTER LOCAL PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 455 KENAOE BLVD - SUITE 100

City CAROL STREAM

State ILLINOIS ZIP Code + 4 60168

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name INTER LOCAL PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 455 KENAOE BLVD - SUITE 100

City CAROL STREAM

State ILLINOIS ZIP Code + 4 60168

11.a. Nature of such dealing.

PENSION FUND

11.b. Approximate dollar value of such dealing.

\$ 6225.00

12.a. Nature of interest held or income received.

meeting held 10/5-10/8/05

12.b. Amount.

\$ 467.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>PATRICK LO PRESTI</u>	File Number U- <u>6252</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: INTER LOCAL PENSION FUND
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street: 455 KENNE BLVD - SUITE 100
City: CAROL STREAM
State: ILLINOIS ZIP Code + 4: 60166

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: INTER LOCAL PENSION FUND
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street: 455 KENNE BLVD - SUITE 100
City: CAROL STREAM
State: ILLINOIS ZIP Code + 4: 60166

11.a. Nature of such dealing.

PENSION FUND

11.b. Approximate dollar value of such dealing.

\$ 6229.00

12.a. Nature of interest held or income received.

BOARD OF TRUSTEES meeting
10/31- 11/5/05

12.b. Amount.

\$ 1975.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any: _____
Street: _____
City: _____
State: _____ ZIP Code + 4: _____

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant? ?

14.b. Amount of payment.